

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Hande</i>		05-02-01
O.I.P.E. CLASSIFIER	<i>10</i>	32	5/21
FORMALITY REVIEW	<i>H.T.</i>	913	06/26/01
RESPONSE FORMALITY REVIEW	<i>h</i>	405	9/20/01

# INDEX OF CLAIMS

Rejected N Non-elected  
 Allowed I Interference  
 (Through numeral) Canceled A Appeal  
 Restricted O Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet her

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BEST AVAILABLE COPY

*ML*  
*6/26*